

# Re-Work

## FILE NOTATIONS

Entered in NID File ✓  
 Entered On S R Sheet ✓  
 Location Map Pinned ✓  
 Card Indexed ✓  
 IWR for State or Fee Land           

Checked by Chief PMB  
 Copy NID to Field Office             
 Approval Letter             
 Disapproval Letter           

## COMPLETION DATA:

Date Well Completed 10-10-65

Location Inspected           

OW            WW            TA           

Bond released           

ST GW ✓ OS            PA           

State of Fee Land           

## LOGS FILED

Driller's Log           

Electric Logs (No. ) 1

E            I            E-I ✓ GR            GR-N            Micro           

Lat            Mi-L            Sonic            Others

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☐DEEPEN ☒PLUG BACK ☐

## b. TYPE OF WELL

OIL  
WELL ☐GAS  
WELL ☐

OTHER Abandoned

SINGLE  
ZONE ☐MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

Mountain Fuel Supply Company

## 3. ADDRESS OF OPERATOR

P.O. Box 1129, Rock Springs, Wyoming 82901

## 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface

1650' FSL, 1650' FWL, NE NW sec. 15

At proposed prod. zone  
same

## 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

## 15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any) -

1650'

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

5950'

## 16. NO. OF ACRES IN LEASE

1900.74

## 19. PROPOSED DEPTH

6164'

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

## 20. ROTARY OR CABLE TOOLS

Workover

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

DF 6639'

## 22. APPROX. DATE WORK WILL START\*

September 15, 1965

## 23.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9"	5 1/2"	17	6063'	To be determined by caliper survey

The subject well, formerly R. D. Murphy Well No. 5, was drilled to a total depth of 6064' in September 1940 and was plugged and abandoned. We would like permission to deepen the well to a depth of about 6164', using 9" bit. We would then cement 5 1/2" OD, 17#, N-80, 8rd thd LT&C casing at about 6063', and then perforate the Morrison, Dakota and Frontier formations to determine productivity of these zones and complete the well on the basis of results obtained.

APPROVED BY UTAH OIL AND GAS  
CONSERVATION COMMISSION

DATE: 9-15-65 by

Paul W. Burchell  
Chief Petroleum Engineer*If production is  
encountered, approval  
conditional upon no  
comingling*

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

## 24.

SIGNED

B.W. Craft

TITLE

General Manager, Production  
and Transmission

DATE Sept. 14, 1965

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Salt Lake 045051 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER Abandoned
2. NAME OF OPERATOR  
Mountain Fuel Supply Company
3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1650' FSL, 1650' FWL, NE SW sec. 15

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

DF 6639'

7. UNIT AGREEMENT NAME

Clay Basin Unit

8. FARM OR LEASE NAME

Unit Well

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Clay Basin - Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

15-3N-24E., SLB&amp;M

12. COUNTY OR PARISH

Daggett

13. STATE

Utah

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Supplementary information ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Depth 6078', milling on junk.

18. I hereby certify that the foregoing is true and correct

SIGNED

B. W. Craft

TITLE

General Manager, Production  
and TransmissionDATE Sept. 22, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Abandoned		5. LEASE DESIGNATION AND SERIAL NO. Salt Lake 045051 (b)	
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLEGED OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME Clay Basin Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL, 1650' FWL, NE SW sec. 15		8. FARM OR LEASE NAME Unit Well	
14. PERMIT NO. -		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 6639'		10. FIELD AND POOL, OR WILDCAT Clay Basin - Wildcat	
		11. SEC., T., R., M., OR BKG. AND SURVEY OR AREA 15-3N-24E., SLB&M	
		12. COUNTY OR PARISH Daggett	
		13. STATE Utah	

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON\* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT\* ☐(Other) Supplementary information ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Total depth 6078', milled on junk, ran 5 1/2" OD casing and landed at 6075.59'.  
Now waiting on cement.

18. I hereby certify that the foregoing is true and correct

General Manager, Production  
and Transmission

SIGNED

B. W. Croft

TITLE

DATE Sept. 27, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYLAND OFFICE .....  
LEASE NUMBER .....  
UNIT .....

## LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County Daggett Field Clay BasinThe following is a correct report of operations and production (including drilling and producing wells) for the month of SEP - 1965, 19.....Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANYSALT LAKE CITY, UTAH 84111Signed E. MurphyPhone 328-8315 Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down cause; date and result of test for gasoline content of gas)
NE SW 15	3N	24E	9							<u>Salt Lake City 045051-B R.D. Murphy "B"</u>  Started cleaning out 9-14-65 TD 6078' FBD 6066' Waiting on comp- letion tools 9-30-65
NW SW 20	3N	24E	14							<u>Salt Lake City 062508-9 MFS Co.</u>  Spudded 7-28-65 Completed 9-10-65 TD 6018' FBD 5683' Vol. 941 MCF
SW SW 23	3N	24E	15							<u>Salt Lake City 045051 - B R.D. Murphy "B"</u>  Spudded 8-24-65 Completed 9-30-65 TD 5677' FBD 5637' Vol 5210 MCF

NOTE.—There were..... runs or sales of oil; ..... M cu. ft. of gas sold;

Drip Oil

..... runs or sales of ~~gas~~ during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

Salt Lake 045051 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Abandoned
2. NAME OF OPERATOR  
Mountain Fuel Supply Company
3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1650' FSL, 1650' FWL, NE SW sec. 15

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

DF 6639'

7. UNIT AGREEMENT NAME

Clay Basin Unit

8. FARM OR LEASE NAME

Unit Well

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Clay Basin - Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15-3N-24E., SLB&amp;M

12. COUNTY OR PARISH

Daggett

13. STATE

Utah

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Supplementary information

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Total depth 6078', PBD 6066', swabbing well.

On July 12, 1940, 345.34' net, 349.40' gross of 13-3/8"OD, 54.5#, J-55, 8rd, ST&amp;C casing was landed at 355.84' KBM and set with 145 sacks Monolith cement with the last 50 sacks treated by Howco.

Ran 6064.59' net, 6102.07' gross of 5 1/2", 17#, N-80, LT&amp;C casing, landed at 6075.09' KBM and set with 735 sacks 50-50 Pozmix type A cement. Perforated 6044'-6060' with 4 holes per foot.

Production DST #1: 6066'-6010' of Dakota perforations 6044'-6060', tool opened 4 hours 38 minutes, shut in 61 minutes, opened with strong blow gas up in 28 minutes, 38 minutes 2.11 Mcf, 58 minutes 2.99 Mcf, 78 minutes 2.79 Mcf, 148 minutes 2.36 Mcf, 268 minutes 2.99 Mcf, recovered 120' slightly gas cut mud. IHP 2980, IF 55, FF 55, FSIP 850, FHP 2980.

Perforated 5940'-5951' and 5962'-5970' with 4 jet holes per foot. Production DST #2: 6066'-5917', Dakota perforations 5940'-5951', 5962'-5970' and 6044'-6060', tool open 4 hours, shut in 1 hour, opened with strong blow gas up in 8 minutes, 30 minutes 3.58 Mcf, 60 minutes 2.73 Mcf, 130 minutes 4.37 Mcf, 190 minutes 5.59 Mcf, 240 minutes 5.95 Mcf, recovered 240' slightly gas cut mud. IHP 2940, IF 126, FF 116, FSIP 890, FHP 2919 psi.

Subjected perforation to sandoil fracturing treatment using 26,900 gallons drip oil mixed with 0.05 ppg Adomite, .003 gpg FR3 and sand at varying rates at 1/2 to 1 ppg. Well sanded out. cleaned out sand, now swabbing well.

18. I hereby certify that the foregoing is true and correct

General Manager, Production  
and Transmission

SIGNED

B.W. Craft

TITLE

DATE Oct. 6, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION  
310 NEWHOUSE BUILDING  
SALT LAKE CITY 11, UTAH

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number: Clay Basin Unit #9 (R.D. Murphy #5)

Operator Mountain Fuel Supply Co. Address SLC Phone 328-8315

Contractor ? Address                      Phone                     

Location: 1/4 1/4 Sec. 15 T. 3 N R. 24 E Daggett County, Utah.

Water Sands:

None

<u>Depth</u>	<u>Volume</u>	<u>Quality</u>	
<u>From</u>	<u>To</u>	<u>Flow Rate or Head</u>	<u>Fresh or Salty</u>
1.			
2.			
3.			
4.			
5.			

(Continued on reverse side if necessary)

Formation Tops:

Frontier 5560  
Mowry 5700  
Dakota 5936

Remarks:

old well worked over.

NOTE: (a) Upon diminishing supply of forms, please inform the Commission  
(b) Report on this form as provided for in Rule C-20, General Rules  
and Regulations and Rules of Practice and Procedure. (See back of form)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

Salt Lake 045051 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Abandoned	7. UNIT AGREEMENT NAME Clay Basin Unit
2. NAME OF OPERATOR Mountain Fuel Supply Company	8. FARM OR LEASE NAME Unit Well
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL, 1650' FWL, NE SW sec. 15	10. FIELD AND POOL, OR WILDCAT Clay Basin - Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-3N-24E., S1B2M
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 6639'	12. COUNTY OR PARISH Daggett
	13. STATE Utah

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Total depth 6078', plugged back depth 5882', rig released 10/10/65, well shut in.

Could not swab the well in. Filled the hole with drip oil, ran a Baker Model N cast iron bridge plug and set at 5898' and dumped 2 sacks of cement on top of the plug. Using Lane Wells, perforated the intervals from 5584' to 5597' and from 5661.5' to 5689.5' with four jet shots per foot. Subjected the perforations to sandoil fracturing treatment using 30,000 gallons drip oil mixed with 0.05 ppg Adomite, 0.003 gpg FR-3 and sand at varying rates at 1/2 to 1 ppg.

Ran 5585.84' net, 5614.50' gross of 2-3/8"OD, 4.7#, J-55, 8rd, EUE tubing into the well and landed at 5594.44' KBM. Made a production test and the well flowed 1250 Mcf of gas per day with a FTP 600 psi, FCP 670 and a separator pressure of 60 psi at the end of the test. The well was shut in and the rig released.

FINAL REPORT.

18. I hereby certify that the foregoing is true and correct

SIGNED R. L. BoyleGeneral Manager, Production  
and TransmissionDATE 12/10/65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



Aug 11 1965  
3 copies  
Gunnite

Budget Bureau No. 42-8356.5.  
Approval expires 12-31-60

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT .....

LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County Wasatch Field Clay Basin

The following is a correct report of operations and production (including drilling and producing wells) for the month of OCT - 1965, 19.....

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

SALT LAKE CITY, UTAH 84111

Signed J. Murphy

Phone 328-8315

Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 14 OF 14	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down cause; date and result of test for gasoline content of gas)
NE SW 13 2N	24E	9								
<del>Salt Lake City 042321-2 R.D. Murphy "2"</del>										
NE SW 13 2N	24E	9								Started Casing out 9-14-65 Completed 10-10-65 TD 6078' FND 3682' Vol. 1230 MB
NE SW 20 2N	24E	14								
<del>Salt Lake City 042322-2 M.F. Co.</del>										
NE SW 20 2N	24E	14								Shut In
NE SW 23 2N	24E	15								
<del>Salt Lake City 042321-2 R.D. Murphy "2"</del>										
NE SW 23 2N	24E	15								Shut In

NOTE.—There were..... runs or sales of oil; ..... M cu. ft. of gas sold;  
..... runs or sales of ~~gas~~ during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

Form 9-329  
(January 1950)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <u>abandoned</u>
b. TYPE OF COMPLETION:					
NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input checked="" type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR					
Mountain Fuel Supply Company					
3. ADDRESS OF OPERATOR					
P. O. Box 1129, Rock Springs, Wyoming 82901					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*					
At surface 1650' FSL, 1650' FWL, NE SW sec. 15					
At top prod. interval reported below					
Same					
At total depth					
Same					
14. PERMIT NO.		DATE ISSUED			
-		-			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
OWDD 9/13/65		9/18/65		10/10/65	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD			
DF 6639'		-			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
6078'		5882'		23. INTERVALS DRILLED BY	
				ROTARY TOOLS	
				CABLE TOOLS	
				0-6078'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION-- TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE
5661'-5689' and 5584'-5597', Frontier					No.
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED
IE					No
28. CASING RECORD (Report all strings set in well)					
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5 1/2	17	6075.09'	9	735	0
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2-3/8	5594.44				
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
6044'-6060' - jet, 4 holes per foot			DEPTH INTERVAL (MD)		
5962'-5970' - jet, 4 holes per foot			AMOUNT AND KIND OF MATERIAL USED		
5940'-5951' - jet, 4 holes per foot			5940'-6060'		
5661.5'-5689.5', jet, 4 holes per foot			Sandoil frac with 26,900 gals. drip oil, 0.05# Adomite, 0.003 FR-3, and 1/2 to 1 ppg sand gpg.		
5584'-5597' - jet, 4 holes per foot			5584'-5689.5'		
			Sandoil frac with 30,000 gals		
33.* PRODUCTION drip oil and above mixture.					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)			WELL STATUS (Producing or shut-in)
Shut in		-			Shut in
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL--BBL.	GAS--MCF.
10/9-10/65	16	-	→	-	1250
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL.	GAS--MCF.	WATER--BBL.
600	670	→		1250 ✓	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
Vented during test					
35. LIST OF ATTACHMENTS					
IE, well completion					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					

SIGNED

B. W. Craft

TITLE

General Manager, Production and Transmission

DATE Dec. 3, 1965

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# COMPLETION REPORT

Operator: Mountain Fuel Supply Company

Well: Unit No. 9 (R. D. Murphy No. 5)

Area: Clay Basin Unit

Location: 1650 feet FSL and 1650 feet FWL, Section 15, Township 3 North, Range 24 East, Daggett County, Utah.

Elevation: DF 6639 feet

Drilling: Drilled in September 1940 and abandoned as a dry hole.

Workover Completed: October 10, 1965.

Tops:	Mancos	Surface
	Frontier	5560 feet
	Mowry	5700 feet
	Dakota	5936 feet

Total Depth: Cleaned out to 6075 feet.

Casing: 13-3/8" landed at 355.84' KBM with 145 sacks.

5-1/2" landed at 6075.09' KBM with 735 sacks.

Tubing: 2-3/8" landed at 5594.44' KBM.

Perforations: 6044' - 6060', 5962' - 5970', 5940' - 5951', plugged off;  
5661' - 5689', 5584' - 5597'.

Producing Formation: Frontier

Productivity: 1250 Mcf with FTP 600 psi, CP 650 psi, SITP 1830 psi, SICP 1500 psi.

Remarks: Productivity following fracture treatment. Ran 5-1/2" csg and fraced well for a Frontier producer.

VBG:kj

10/18/65

cc: Paul Zubatch (6) ←

S. J. Fisher

Joe Toth

J. E. Adney

J. M. Hummel

R. M. Ball

E. A. Farmer, Jr.

Rock Springs Office (5)

L. W. Folsom

Mildred Jensen

V. B. Gras

G. D. Baston

E. R. Keller

R. C. Day

R. G. Myers

D. W. Elias

W. W. Skeeters

57

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.Salt Lake 045051 (h)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Clay Basin Unit	
2. NAME OF OPERATOR Mountain Fuel Supply Company		8. FARM OR LEASE NAME Unit Well	
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FSL, 1650' FWL NE SW		10. FIELD AND POOL, OR WILDCAT Clay Basin	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SW 15-3N-24E., SLB&M	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 6639'		12. COUNTY OR PARISH Daggett	
		13. STATE Utah	

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

FRACTURE TREAT

☒

SHOOT OR ACIDIZE

☐

REPAIR WELL

☐

(Other)

PULL OR ALTER CASING

☐

MULTIPLE COMPLETE

☐

ABANDON\*

☐

CHANGE PLANS

☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

FRACTURE TREATMENT

☐

SHOOTING OR ACIDIZING

☐

(Other)

REPAIRING WELL

☐

ALTERING CASING

☐

ABANDONMENT\*

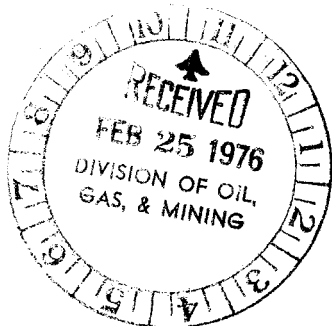
☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD 6078', PBD 5882', Frontier perforations 5584-5597' and 5661-5689'.

We would like to apply a Super Emulsifrac treatment to the subject well's Frontier perforations 5584' to 5689' gross using 152,000 pounds of 20-40 sand and a total of 86,000 gallons of SEM fluid, make a short production test, and place well on production.

APPROVED BY THE DIVISION OF  
OIL, GAS, AND MINING

DATE: Feb 22, 1976

BY: P. L. Ansell

18. I hereby certify that the foregoing is true and correct

SIGNED

*P. L. Ansell*

TITLE

General Manager,  
Gas Supply Operations

DATE

2-24-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Schematic

not drawn  
to scale

Drilled & then  
PTA by MFS  
in 1940-  
Cleared out &  
recompleted by  
MFS - Oct, 1965

## PRESENT STATUS OF WELL

### Clay Basin Unit No 9.

Sec 15-T3N-R24E

Daggett Co, Utah.

10-12-65

JJS

662250

10.50' 8.60' Kelly Bushing  
6" 1500 tbg flange

Production floor 6612.00

### 13 3/4" O.D. Surface Csg.

1-NSC 12" 900 type B, reg duty	net
Csg flange	1.50
1 pc 13 3/4" 48" H-40 812 STC	2.42
12 Jts 13 3/4" 54.5" J-55 812 STC	339.92
1-Halco 13 3/4" 812 guide shoe	1.50
	345.34

Above csg landed @ 355.84 ft KBM  
0' 10.50 ft below KB. Top of the 12" 900  
flange is at ground level. Originally  
the 13 3/4" 54.5" J-55 812 STC was run and  
landed on July 12, 1940 and unit w/ 145 ft reg  
unit. On recompletion in Oct 1965 the  
csg flange & nipple was installed.

### 5 1/2" O.D. Production Csg.

1 pc 5 1/2" 17" N-80 812 LTRC	net
19 Jts 5 1/2" 17" N-80 812 LTRC	6047.70
1-Baker friction collar	1.52
1 Jt 5 1/2" 17" N-80 812 LTRC	4.76
1-Baker friction shoe	1.65
192 ft 1 pc	6064.59

Above csg landed @ 6075.09 ft KBM  
10.50 ft below KB. Unit w/ 735 ft  
(50-00) Pos mix A. Landed w/ 87,000 pounds  
Installed 12" 900 x 6" 1500 cross over  
tbg spool.

### 2 3/4" O.D. Production Tbg.

1-NSC type H-1 tbg hanger	net
2 3/4" 812 EVE	0.75
178 Jts 2 3/4" 4.7" J-55 812 EVE	5584.67
1-Shop made 2 3/4" 812 EVE	
Combination shoe & Otis	
type 6 closing tool	0.72
	5585.81

Above tbg landed @ 5594.44 ft or  
8.60 ft below KB in a 6" 1500 tbg  
flange. - Minimum base of tbg  
shoe is 1 5/8" I.D.

355.84 - 13 3/4" O.D. 54.5" J-55 812 STC  
Unit returns to surface.

4030 ft unit fillup behind  
5 1/2" csg by Cement log.

5584  
5597 } 52 job holes  
5594.44 ft bottom of 2 3/4" tbg.

5661 1/2 } 112 job holes  
5681 1/2

5882 ft PBD  
5898 - Top Baker metal N-80 section  
bridge plug.

5940 } 44 job holes  
5951

5962 } 32 job holes  
5970

6044 } 64 job holes  
6060

6066 ft top of float collar.

6075 ft 5 1/2" 17" N-80 812 LTRC  
Unit w/ 735 ft.

6078 ft 9" hole unknown iron junk  
hole 22 ft.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other Instructions on re-  
verso side)

Form approved,  
Budget Bureau No. 42-R1424.  
5. LAND DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Clay Basin Unit
2. NAME OF OPERATOR Mountain Fuel Supply Company		8. FARM OR LEASE NAME Unit Well
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FSL, 1650' FWL NE SW		10. FIELD AND POOL, OR WILDCAT Clay Basin
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SW 15-3N-24E., SLB&M
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 6639'		12. COUNTY OR PARISH Daggett
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

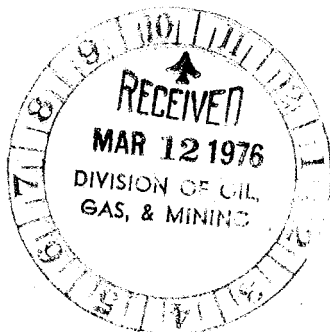
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD 6078', PBD 5882', Frontier perforations 5584-5597' and 5661-5689', sand level 5790', rigged up work over unit, killed well, applied Super Emulsifrac using a total of 86,000 gallons SEM fluid and 152,000# 20-40 sand, landed 2-3/8" tubing at 5561.70', swabbed well in, at end of test well making 1023 Mcf of gas per day, FTP 775, CP 950, have 1946.50 barrels of load to recover.

FINAL REPORT.



18. I hereby certify that the foregoing is true and correct

SIGNED R. D. Myers

General Manager,  
Gas Supply Operations

DATE March 9, 1976

(This space for Federal or State office use)

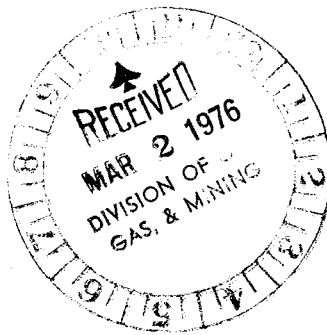
APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

h  
From: C. R. Owen

To: T. M. Colson



Rock Springs, Wyoming

February 26, 1976

Tentative Plan to Apply  
Super Emulsifrac Treatment  
Unit Well No. 9  
Clay Basin Field

The subject well, formerly R. D. Murphy Well No. 5, was drilled to a total depth of 6064 feet in September 1940 and was plugged and abandoned. During 1965, the well was re-entered and cleaned out to 6066 feet and 5-1/2-inch O.D. casing was installed. The well was then plugged back to 5882 feet with a bridge plug and 16 feet of cement on top.

The Frontier sand was perforated from 5584 feet to 5597 feet and 5661 feet to 5689 feet with a total of 164 holes. Initial production for this completion is listed at 1250 Mcf gas per day. A small sand-oil fracturing treatment was applied.

Initial estimated reserves for this well were 4.4 Bcf. Withdrawals from this well amounted to 0.9 Bcf of gas. Remaining gas in place is 3.5 Bcf. Shut-in pressure observed for this well during 1975 was 1475 psi. This well presently averages 550 Mcf per day.

Since the reserves for this well are substantial and the production is comparatively low, it is recommended that a Super Emulsifrac treatment be applied to stimulate productivity from this well.

The following is a tentative plan to accomplish the stimulation treatment.

NOTE: KB is 10.50 feet above ground level.

1. Move in and rig up a contract workover rig.
2. Rig up to kill well with drip oil. The estimated bottom hole pressure is 1750 psi. Drip oil will exert a hydrostatic pressure of 1842 psi at the top of the perforations at 5584 feet KB. The capacity of the wellbore is 120 barrels.
3. With well dead, remove upper portion of wellhead. Install a 6-inch 5000 psi hydraulically operated double gate blowout preventer. Blowout preventer should be equipped with 2-3/8-inch O.D. rams in top gate and blind rams in the bottom gate.
4. Pick up approximately 280 feet of 2-3/8-inch O.D. tubing and tag sand fillup. It is necessary to clean out wellbore to 5725 feet KB. Pull and stand tubing in derrick.

5. Remove blowout preventer and install the 6-inch 5000 psi bonnet with a 2-inch 5000 psi flanged valve.
6. Rig up three Halliburton HT-400 pump trucks to apply a Super Emulsifrac (SEM) treatment down the 5-1/2-inch O.D., 17-pound, N-80 casing. A Halliburton fracometer will be used. Install a frac ball injector in the surface line to the top of the wellhead. Install an in-line pressure recorder. A Halliburton fire truck and mechanic will be on location.
7. Pressure test surface lines to 6000 psi. Pump 10,000 gallons of SEM fluid pad. During this time observe surface lines, wellhead, and the 5-1/2-inch O.D. by 13-3/8-inch O.D. casing annulus for leaks. Do not exceed 5500 psi surface pressure. Theoretically, we should pump 20 barrels per minute at 5000 psi. Perform frac treatment as follows:

<u>Event</u>	<u>Fluid Volume Gallons</u>	<u>20-40 Sand Pounds</u>
a. SEM Fluid Pad	10,000	--
b. 1-pound/gallon 20-40	4,000	4,000
c. 2-pounds/gallon 20-40	4,000	8,000
d. 3-pounds/gallon 20-40	8,000	24,000
e. SEM Fluid Spacer	4,000	--
f. 4-pounds/gallon 20-40	10,000	40,000
g. SEM Fluid Spacer and drop 50 RCN balls	10,000	--
h. Repeat Steps b through f	30,000	76,000
i. Flush with drip oil	<u>6,000</u>	<u>--</u>
Total	86,000	152,000



Maximum amount of breaker will be used and all water will be 2 percent potassium chloride water. Shut well in 24 hours.

8. With well dead, remove upper portion of wellhead and install blowout preventer.
9. Run 2-3/8-inch O.D. tubing as follows:
  - One NSCo. Type H-1 tubing hanger.
  - 5550 feet 2-3/8-inch O.D., 4.7-pound, J-55, 8 round thread, EUE tubing.
  - One shop-made tubing shoe with aluminum plug.
  - Land tubing in wellhead at 5565 feet KB or 20 feet above perforations.
10. Remove blowout preventer and install upper portion of wellhead. Pump out tubing plug with drip oil. Rig up and swab well in.
11. Run a short production test and put well on production.
12. Release contract workover rig.

#### GENERAL INFORMATION

##### I. Equipment Required:

- a. Nine 300 barrel frac tanks (6 for drip oil and 3 for water storage).
- b. 2-3/8-inch O.D. 8 round EUE closing tool.
- c. 6-inch 5000 psi blowout preventer and accumulator.
- d. One 5000 psi WOG flanged valve.

##### II. Material Required:

- a. 1800 barrels drip oil.
- b. 900 barrels water.



**MOUNTAIN FUEL SUPPLY COMPANY**  
TRANSMISSION AND PRODUCTION      ROCK SPRINGS, WYOMING  
MEASUREMENT EQUIPMENT INSPECTION REPORT

3N 24E 15

LOCATION: <b>CLAY BASIN M.S. #7</b>				COUNTY: <b>DAGGETT</b>		STATE: <b>UTAH</b>		DATE: <b>10-11-82</b>	
STATION OR CUSTOMER: <b>CLAY BASIN #9</b>						TIME OF TEST: <b>AM 3:00</b>			
ORIFICE METER	MAKE: <b>Foxboro</b>	SERIAL NO.: <b>191321</b>	TYPE: <b>28</b>	CHART NO.: <b>89N074L</b>	STATIC CON.: <b>D.S.</b>	PEN ARC: <b>Adj</b>	CLOCK ROT. <b>31 DAY</b>		
METER RANGE	INCHES: <b>100</b>	POUNDS: <b>1000</b>	ATMOS. PRESS.: <b>11.6</b>	IS ATMOS SET ON CHART? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF CHART USED: <input checked="" type="checkbox"/> Sq. Root <input type="checkbox"/> Linear			
METER READING	DEAD WEIGHT CHECK		STATIC FOUND	STATIC LEFT	Diff. Found	Diff. Left	Temp. Found	Temp. Left	Time Lag
	D. W. Press. <b>310</b> Atmos. Press. <b>11.6</b> Static Pen Set <b>321.6</b>		<b>5.67</b>	<b>5.67</b>	<b>0</b>	<b>0</b>	<b>48°</b>	<b>48°</b>	<b>6 hrs</b>

DIFFERENTIAL TEST								STATIC TEST							
AS FOUND				AS LEFT				AS FOUND				AS LEFT			
UP		DOWN		UP		DOWN		D. W. Meter		D. W. Meter		SQ. RT. VALUE, AS LEFT			
Man.	Meter	Man.	Meter	Man.	Meter	Man.	Meter					$\sqrt{\frac{P_{sia} \times 100}{R_p}}$			
0	0	80	80	0		80						$= \sqrt{\frac{321.6 \times 100}{1000}} = 5.67$			
10	10	60	60	10		60									
30	30	40	40	30	SAME	40		THERMOMETER							
50	50	20	20	50		20		MAKE - <b>Foxboro</b>							
70	70	0	0	70		0		RANGE: <b>-30° To +120°F</b>				SERIAL NO.: <b>1311383</b>			
90	90			90				AS FOUND				AS LEFT			
UP		DOWN		UP		DOWN		UP		DOWN		UP		DOWN	
Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm

ORIFICE PLATE				ORIFICE FITTING OR UNION			
Size: <b>2" x 1.250"</b>				Make: <b>DANIEL</b>			
Edges Sharp?		Orifice Condition		Serial No. <b>ASA 600</b>		Type: <b>Simplex</b>	
		Damaged?      Dirty?		Line Size		I.D. <b>2.067</b>	
Micro Horizontal		Micro Vertical		Meter Tube		Upstream ID	
				Downstream ID			

TELEMETERING																GRAVITY:		ATMOS. TEMP.	
DIFFERENTIAL								PRESSURE								REMARKS: <b>ADJ. DIFF PEN ARC</b>			
FOUND				LEFT				FOUND				LEFT							
UP		DOWN		UP		DOWN		UP		DOWN		UP		DOWN					
TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS				
0 %	100 %			0 %	100 %			0 %	100 %			0 %	100 %						
25 %	75 %			25 %	75 %			25 %	75 %			25 %	75 %						
50 %	50 %			50 %	50 %			50 %	50 %			50 %	50 %						
75 %	25 %			75 %	25 %			75 %	25 %			75 %	25 %						
100 %	0 %			100 %	0 %			100 %	0 %			100 %	0 %						
M.F.S. CO. TESTER: <b>Doug Walters</b>																WITNESS:			

PLACE LEFT INSIDE EDGE OF ORIFICE PLATE ON ARROW AND MARK BOTH INSIDE EDGES ON SCALE

 9.25  
9.00  
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**MOUNTAIN FUEL SUPPLY COMPANY**

180 EAST FIRST SOUTH • P. O. BOX 11368 • SALT LAKE CITY, UTAH 84139 • PHONE (801) 534-5555

April 10, 1984

Working Interest Owners  
Clay Basin Unit  
Daggett County, Utah and  
Sweetwater County, Wyoming


Gentlemen:

Mountain Fuel Supply Company, as designated operator of the Clay Basin Unit, hereby resigns as Unit Operator under the provisions of Section 4 of the Unit Agreement subject to: WEXPRO Company being designated successor Unit Operator by the committed working interest owners and approval by the Bureau of Land Management.

WEXPRO Company, a wholly owned second tier subsidiary company of Mountain Fuel Supply Company, has assumed all of the development and producing operations of Mountain Fuel. Office and operating personnel have been transferred to WEXPRO so there will be no physical change in operations.

MOUNTAIN FUEL SUPPLY COMPANY

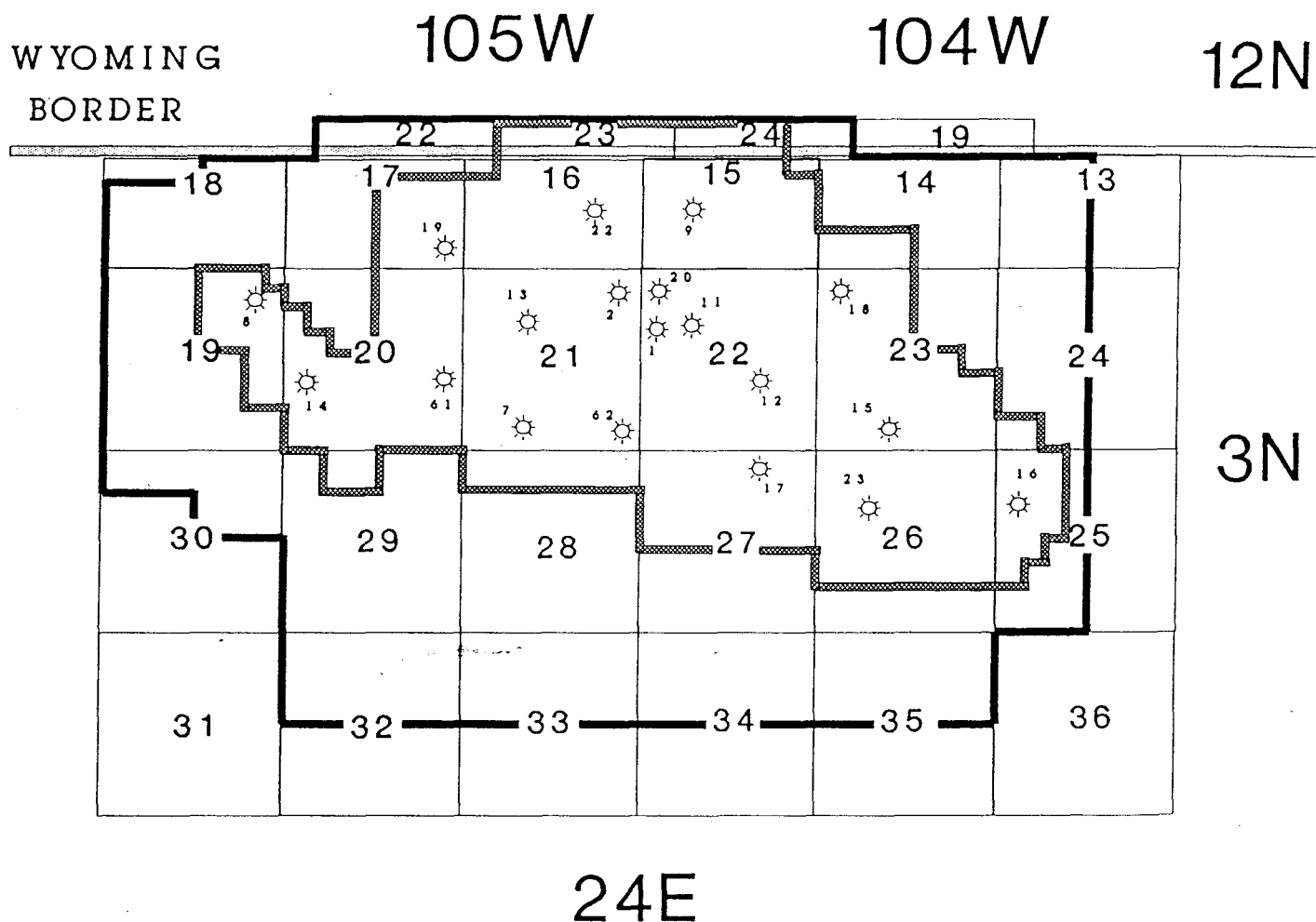
BY:

  
W. F. Edwards  
Vice President

cc: Mr. E. W. Gynn  
Chief, Branch of Fluid Minerals  
Bureau of Land Management  
136 East South Temple  
University Club Building, 11th Floor  
Salt Lake City, UT 84111

# CLAY BASIN UNIT

## Daggett County, Utah



UNIT OUTLINE (UTU63009X)

FRONTIER PA

11,162.43 ACRES

FRONTIER PA ALLOCATION	
FEDERAL	82.17194%
STATE	9.63096%
FEE	8.19710%
4,765.64 Acres	



# United States Department of the Interior

IN REPLY REFER TO

BUREAU OF LAND MANAGEMENT  
UTAH STATE OFFICE  
136 E. SOUTH TEMPLE  
SALT LAKE CITY, UTAH 84111

April 26, 1984

WEXPRO Company  
P.O. Box 11368  
Salt Lake City, Utah 84139

Re: Successor Unit Operator  
Clay Basin Unit  
Daggett County, Utah and  
Sweetwater County, Wyoming

Gentlemen:

On April 26, 1984, we received an indenture dated April 10, 1984, whereby Mountain Fuel Supply Company resigned as Unit Operator and WEXPRO Company is accepted as Successor of Unit Operator for the Clay Basin Unit Agreement, Daggett County, Utah and Sweetwater County, Wyoming.

The indenture was executed by both parties. The signatory parties have complied with Section 6 of the unit agreement. The instrument is hereby accepted effective as of April 26, 1984. Please advise all interested parties of the change in unit operator.

Sincerely,

E. W. Guynn  
Chief, Branch of Fluid Minerals

Enclosure

RECEIVED  
APR 30 1984

WEXPRO COMPANY  
LANDS & LEASING

Clay Basin Unit #9 Sec 15, 3N, 24E

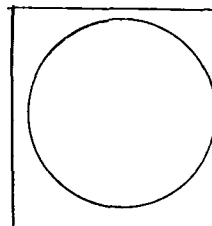
Ch. Fly 14 June 88



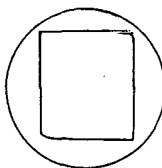
access  
road.



emergency  
pit



tank w/  
firewall



dehydrator  
w/ shed.

○ well head.

42-381 50 SHEETS 5 SQUARE  
42-382 100 SHEETS 5 SQUARE  
42-389 200 SHEETS 5 SQUARE  
MADE IN U.S.A.



**STATE OF UTAH**  
**DIVISION OF OIL, GAS AND MINING**

1594 West North Temple, Suite 1210, PO Box 145801, Salt Lake City, UT 84114-5801

Page 1 of 5

## MONTHLY OIL AND GAS PRODUCTION REPORT

OPERATOR NAME AND ADDRESS:

JOHN JOOSTEN  
 WEXPRO COMPANY  
 PO BOX 11070  
 SALT LAKE CITY UT 84147

UTAH ACCOUNT NUMBER: N1070

REPORT PERIOD (MONTH/YEAR): 9 / 96

AMENDED REPORT ☐ (Highlight Changes)

Well Name			Producing Zone	Well Status	Days Oper	Production Volumes		
API Number	Entity	Location				OIL(BBL)	GAS(MCF)	WATER(BBL)
BUG #4								
4303730542	00995	36S 26E 16	DSCR					
BUG 17								
4303730793	00995	36S 26E 16	DSCR					
BUG #10								
4303730591	01010	36S 26E 22	DSCR					
BUG 14								
4303730605	01020	36S 26E 17	DSCR					
BUG #15								
4303730606	01020	36S 26E 17	DSCR					
BUG 16								
4303730607	01020	36S 26E 17	ISMY					
BUG #13								
4303730610	01020	36S 26E 17	DSCR					
✓ CLAY BASIN UNIT #1								
4300915625	01025	03N 24E 22	FRTR					
✓ CLAY BASIN UNIT 7								
4300915631	01025	03N 24E 21	FRTR					
✓ CLAY BASIN UNIT 8								
4300915632	01025	03N 24E 19	FRTR					
✓ CLAY BASIN UNIT #9								
4300915633	01025	03N 24E 15	FRTR					
✓ CLAY BASIN UNIT 12								
4300915636	01025	03N 24E 22	FRTR					
✓ CLAY BASIN UNIT 13								
4300915637	01025	03N 24E 21	FRTR					
TOTALS								

COMMENTS: \_\_\_\_\_

I hereby certify that this report is true and complete to the best of my knowledge.

Date: \_\_\_\_\_

Name and Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## OPERATOR CHANGE WORKSHEET

Attach all documentation received by the division regarding this change.

Initial each listed item when completed. Write N/A if item is not applicable.

1-LEC	6-DEC
2-GLH	7-KDR
3-DTS	8-SJ
4-VLD	9-FILE
5-RJF	

☒ Change of Operator (well sold)☐ Designation of Operator☐ Designation of Agent☐ Operator Name Change OnlyThe operator of the well(s) listed below has changed, effective: 4-26-84

TO: (new operator) WEXPRO COMPANY  
 (address) PO BOX 11070  
SALT LAKE CITY UT 84147

Phone: (801)530-2586Account no. N1070

FROM: (old operator) MOUNTAIN FUEL SUPPLY CO  
 (address) 180 E 100 S  
SALT LAKE CITY UT 84139

Phone: (801)534-5267Account no. N0680

WELL(S) attach additional page if needed:

\*CLAY BASIN UNIT

Name: <u>**SEE ATTACHED**</u>	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____

## OPERATOR CHANGE DOCUMENTATION

- N/A 1. (r649-8-10) Sundry or other legal documentation has been received from the FORMER operator (attach to this form). *\* See Comments.*
- N/A 2. (r649-8-10) Sundry or other legal documentation has been received from the NEW operator (Attach to this form). *\* See Comments.*
- N/A 3. The Department of Commerce has been contacted if the new operator above is not currently operating any wells in Utah. Is the company registered with the state? (yes/no) \_\_\_\_ If yes, show company file number: \_\_\_\_\_.
- LEC 4. FOR INDIAN AND FEDERAL WELLS ONLY. The BLM has been contacted regarding this change. Make note of BLM status in comments section of this form. BLM approval of Federal and Indian well operator changes should ordinarily take place prior to the division's approval, and before the completion of steps 5 through 9 below.
- N/A 5. Changes have been entered in the Oil and Gas Information System (3270) for each well listed above. *\* See Comments.*
- N/A 6. Cardex file has been updated for each well listed above. *\* See Comments.*
- LEC 7. Well file labels have been updated for each well listed above. (11-6-96)
- N/A 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to Trust Lands, Sovereign Lands, UGS, Tax Commission, etc. *\* See Comments.*
- LEC 9. A folder has been set up for the Operator Change file, and a copy of this page has been placed there for reference during routing and processing of the original documents.



## ENTITY REVIEW

- Lic 1. (r649-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) (no) If entity assignments were changed, attach copies of Form 6, Entity Action Form.
- N/A 2. Trust Lands, Sovereign Lands, Tax Commission, etc., have been notified through normal procedures of entity changes.

## BOND VERIFICATION - (FEE WELLS ONLY)

- N/A Lic 1. (r649-3-1) The NEW operator of any fee lease well listed above has furnished a proper bond.
2. A copy of this form has been placed in the new and former operator's bond files.
3. The FORMER operator has requested a release of liability from their bond (yes/no)     , as of today's date     . If yes, division response was made to this request by letter dated     .

## LEASE INTEREST OWNER NOTIFICATION OF RESPONSIBILITY

- N/A 1. Copies of documents have been sent on      to      at Trust Lands for changes involving State leases, in order to remind that agency of their responsibility to review for proper bonding.

## FILMING

- ✓ 1. All attachments to this form have been microfilmed. Today's date: 12-30-96.

## FILING

1. Copies of all attachments to this form have been filed in each well file.
2. The original of this form, and the original attachments are now being filed in the Operator Change file.

## COMMENTS

961106 Down Computer & Cardex updated 4/84.  
Labels & well files being updated now; error caught by "Well Records".

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL ☐ WELL GAS ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

SEE ATTACHED SHEET

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF N  
TYPE OF SUBMISSION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other VARIANCE

*1-CHD*  
*2-Plugging*  
*3-Sub*  
*Copy for file*  
*well on*  
*back of Sundry*

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Wexpro Company is requesting a variance from the requirement to install Enardo vent stack valves on the storage tanks for the wells listed on the attached sheet. This request is due to the potential freezing problems encountered with the Enardo vent stack valves. In the past storage tanks have been over pressured, as they could not vent, and once over pressured ruptured causing the top of the tank to be thrown from the tank. The potential tank damage, loss of fluids, fire and ground contamination are our primary safety and environmental concerns for this request.

Accepted by the  
Utah Division  
Oil, Gas and Mining

Date:  
By:

*List of wells*  
*on back.*

Federal Approval Of This  
Action Is Necessary

RECEIVED

OCT 28 2002

DIVISION OF  
OIL, GAS AND MINING

COPY SENT TO OPERATOR  
10-29-02  
CHD

14. I hereby certify that the foregoing is true.

Signed *[Signature]*

Title Title G. T. Nimmo, Operations Manager

Date October 21, 2002

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

WELL NAME	API NUMBER	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER
<b>CLAY BASIN FIELD UNIT</b>				<b>892000323B</b>	
UNIT NO. 1	4300915625	SW NW 22-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 7	4300915631	SE SW 21-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 8	4300915632	NE NE 19-3N-24E	DAGGETT, UT		SL-062508
UNIT NO. 9	4300915633	NE SW 15-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 12	4300915636	NW SE 22-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 13	4300915637	SE NW 21-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 14	4300915638	NW SW 20-3N-24E	DAGGETT, UT		SL-062508
UNIT NO. 15	4300915639	SE SW 23-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 16	4300930003	SW NW 25-3N-24E	DAGGETT, UT		SL-045049
UNIT NO. 17	4300930004	NW NE 27-3N-24E	DAGGETT, UT		SL-045053-a
UNIT NO. 18	4300930006	NW NW 23-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 19	4300930008	SE SE 17-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 20	4300930007	NW NW 22-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 22	4300930001	NW SE 16-3N-24E	DAGGETT, UT		ML-807
UNIT NO. 23	4300930009	SE NW 26-3N-24E	DAGGETT, UT		SL-045053-b
UNIT NO. 61	4300930060	NE SE 20-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 62	4300930061	SE SE 21-3N-24E	DAGGETT, UT		SL-045051-b

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004- 0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an**  
**abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

5. Lease Serial No.  
SL-045051b

6. If Indian, Allottee, or Tribe Name  
N/A

7. If Unit or CA. Agreement Name and/or No.  
Clay Basin Unit

8. Well Name and No.  
Clay Basin Unit 9

9. API Well No.  
43- 009-15633

10. Field and Pool, or Exploratory Area  
Clay Basin - Wildcat

11. County or Parish, State  
Daggett Utah

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Wexpro Company

3a. Address  
P.O. Box 458  
Rock Springs, WY 82902

3b. Phone No. (include area code)  
307.382.9791

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1650' FSL 1650' FWL NE NW 15-3N-24E

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production ( Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

The above well resumed production on December 18, 2007 after being off more than 90 days.

RECEIVED

DEC 24 2007

DIV. OF OIL, GAS & MINING

14. I hereby certify that the foregoing is true and correct.

Name (Printed/ Typed)

Kelly Werkele

Title

District Manager

Signature

*Kelly Werkele*

Date

December 20, 2007

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

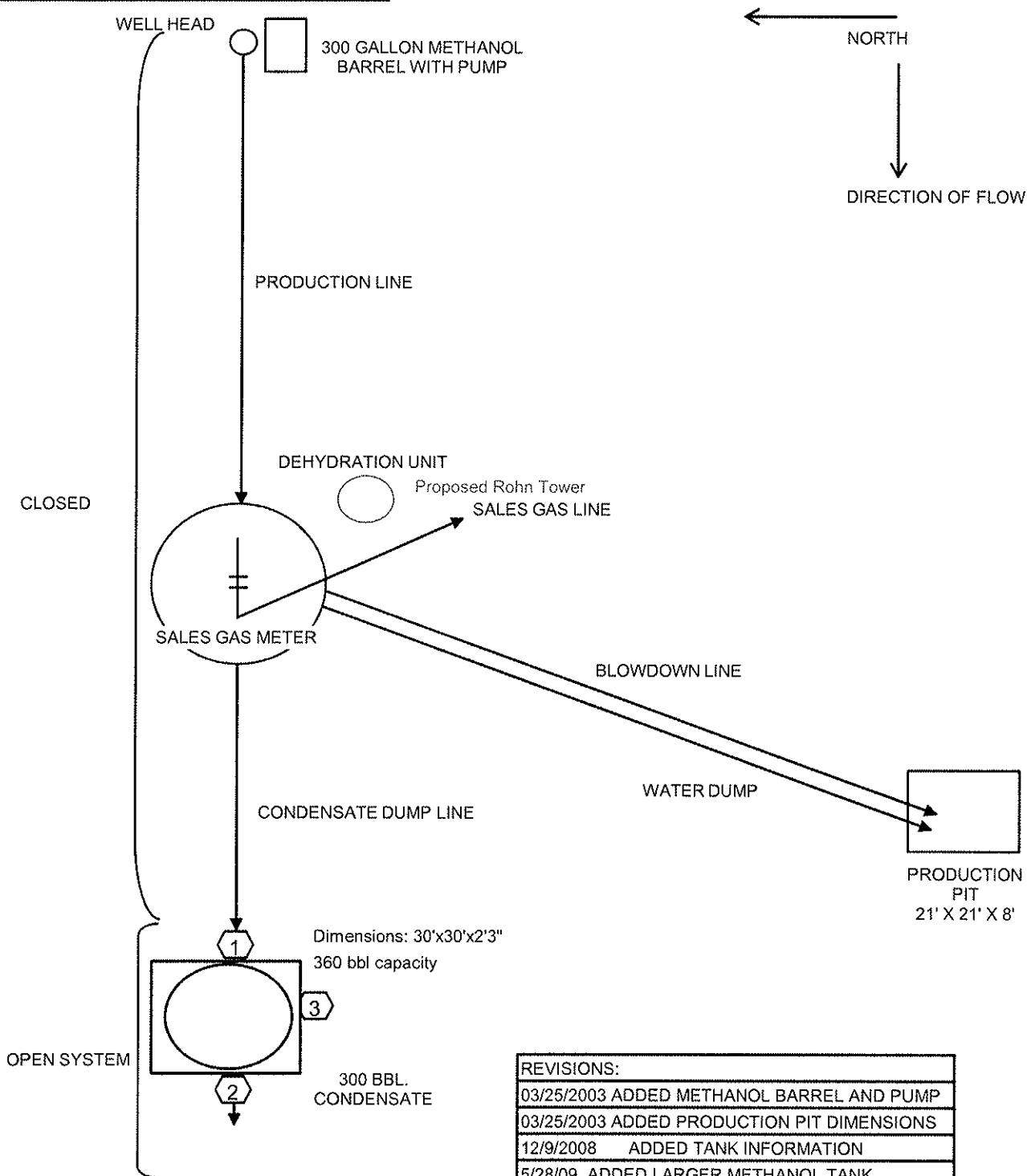
(Instructions on page 2)

API Well No: 43009156330000

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>			
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		<b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL0450541B			
<b>1. TYPE OF WELL</b> Gas Well		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>			
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY		<b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN			
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902		<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 9			
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1650 FSL 1650 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: NESW Section: 15 Township: 03.0N Range: 24.0E Meridian: S		<b>9. API NUMBER:</b> 43009156330000			
<b>PHONE NUMBER:</b> 307 922-5612 Ext		<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN			
<b>COUNTY:</b> DAGGETT		<b>STATE:</b> UTAH			
<b>11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA</b>					
<b>TYPE OF SUBMISSION</b>	<b>TYPE OF ACTION</b>				
<input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b> Approximate date work will start: 11/6/2009  <input type="checkbox"/> <b>SUBSEQUENT REPORT</b> Date of Work Completion:  <input type="checkbox"/> <b>SPUD REPORT</b> Date of Spud:  <input type="checkbox"/> <b>DRILLING REPORT</b> Report Date:	<table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE  <input type="checkbox"/> CHANGE TO PREVIOUS PLANS  <input type="checkbox"/> CHANGE WELL STATUS  <input type="checkbox"/> DEEPEN  <input type="checkbox"/> OPERATOR CHANGE  <input type="checkbox"/> PRODUCTION START OR RESUME  <input type="checkbox"/> REPERFORATE CURRENT FORMATION  <input type="checkbox"/> TUBING REPAIR  <input type="checkbox"/> WATER SHUTOFF  <input type="checkbox"/> WILDCAT WELL DETERMINATION         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING  <input type="checkbox"/> CHANGE TUBING  <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS  <input type="checkbox"/> FRACTURE TREAT  <input type="checkbox"/> PLUG AND ABANDON  <input type="checkbox"/> RECLAMATION OF WELL SITE  <input type="checkbox"/> SIDETRACK TO REPAIR WELL  <input type="checkbox"/> VENT OR FLARE  <input type="checkbox"/> SI TA STATUS EXTENSION  <input type="checkbox"/> OTHER         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR  <input type="checkbox"/> CHANGE WELL NAME  <input type="checkbox"/> CONVERT WELL TYPE  <input checked="" type="checkbox"/> <b>NEW CONSTRUCTION</b>  <input type="checkbox"/> PLUG BACK  <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION  <input type="checkbox"/> TEMPORARY ABANDON  <input type="checkbox"/> WATER DISPOSAL  <input type="checkbox"/> APD EXTENSION            OTHER:         </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input checked="" type="checkbox"/> <b>NEW CONSTRUCTION</b> <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER:
<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input checked="" type="checkbox"/> <b>NEW CONSTRUCTION</b> <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER:			
<b>12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.</b>  Wexpro Company and Questar Gas Management intend to upgrade the existing gas metering equipment. The upgrade will consist of the installation of towers and antennas for radio communications. The Rohn tower will be approximately 20 feet high. The cement base will be buried. The base is 2 feet in diameter and 3 feet in height. The Rohn tower will be used to mount the new flow computer and communication equipment needed to communicate volume data from the well sites to a central SCADA computer located at Red Wash. Questar Gas Management will also be replacing the existing EFM and installing a Fisher FB 107, Fisher 205P MVS and a PGI Temperature Element and any other associated equipment. Please see attached diagrams for placement of the Rohn tower and Specification sheets.					
<b>NAME (PLEASE PRINT)</b> Paul Jibson		<b>PHONE NUMBER</b> 307 922-5647			
<b>SIGNATURE</b> N/A		<b>TITLE</b> Associate Permit Agent			
<b>DATE</b> 11/2/2009		<b>DATE:</b> <u>November 02, 2009</u> <b>By:</b> <u><i>Derek Duff</i></u>			

**RECEIVED** November 02, 2009

<b>WEXPRO COMPANY</b> <b>P.O. BOX 458</b> <b>ROCK SPRINGS, WY 82902</b>	NOTE: THIS LEASE FALLS UNDER THE SITE & SECURITY PLAN ESTABLISHED BY WEXPRO COMPANY. THE PLAN CAN BE REVIEWED AT THE WEXPRO OFFICE IN ROCK SPRINGS WYOMING WEEKDAYS BETWEEN 7:00 AM AND 5:00 PM	<b>VALVE LEGEND</b>  <b>TANK # 229</b> VALVE # 1 -- OPEN DURING PRODUCTION, SEALED CLOSED DURING SALES VALVE # 2 -- OPEN DURING SALES, SEALED CLOSED DURING PRODUCTION VALVE # 3 -- OPEN ONLY TO DRAIN WATER, SEALED CLOSED DURING PRODUCTION
CLAY BASIN UNIT WELL 9 NESW 15-3N-24E LEASE NO. SL-045051-b UNIT NO. 892000323B DAGGET COUNTY, UTAH		





# FloBoss™ 107 Flow Manager.

The FloBoss™ 107 Flow Manager introduces a new technology platform to the FloBoss family of flow computers that raises the bar for modularity, versatility, performance, and ease of use. Whether you need a single or multi-run flow computer or few or many I/O points, the new FloBoss 107 can accommodate your needs. The FloBoss 107 is the ideal measurement solution for many natural gas applications. These include, but are not limited to:

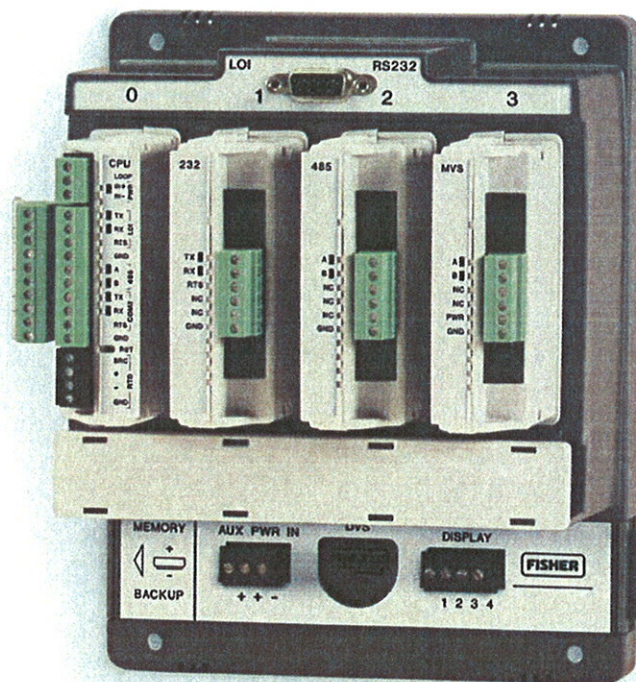
- Custody Transfer
- Wellhead Measurement and Control
- Well Injection Pressure
- Compressor Fuel Gas
- Industrial Gas Usage
- Commercial Gas Usage

The new FloBoss 107 offers you benefits that research has shown flow computer users request. You also get all of the tried and true features of previous FloBoss units such as accurate AGA calculations, data archival, broad communications support, low power consumption, PID loop control, FST control, and operation over extreme temperatures.

**API/AGA/ISO Compliant Flow Measurement.** The FloBoss 107 maintains API Chapter 21.1 compliant historical archives for measured and calculated values, as well as events and alarms. The firmware has the capability to perform AGA3 orifice flow calculations or AGA7 pulse flow calculations using AGA8 compressibility. It also performs ISO 5167 flow calculations. Other gas flow or properties calculations can be implemented using User C programs.

**One to Four Meter Runs.** The FloBoss 107 features a built-in dual-variable sensor (DVS) port and RTD input for handling a single meter run. For multiple runs, an optional multi-variable sensor (MVS) module supports up to four remote MVS units.

**Scalable and Configurable I/O.** You can add a configurable I/O board to the CPU module and up to three configurable I/O modules to the base FloBoss 107. For even more capacity, add an expansion rack to house up to three additional I/O modules.



*FloBoss 107 Base Unit*

**Local or Host Operation.** The FloBoss 107 is configured and operated on-site using our Windows® based ROCLINK™ 800 Configuration Software. The FloBoss 107 can also be configured and operated from a computer running popular host software packages. Modbus ASCII and RTU slave or host protocols, as well as native ROC protocol, are supported.

**More Communication Choices.** The FloBoss 107 comes standard with 3 ports: local operator interface, RS-232, and RS-485. One additional port is supported using an expansion communication module.

**Built-in Control Capability.** The FloBoss 107 can perform PID control on 8 loops using analog or discrete outputs. A wide range of control problems can be solved easily and quickly with outstanding results. It can also perform logic and sequencing control by means of Function Sequence Tables (FSTs).

#### Remote Automation Solutions

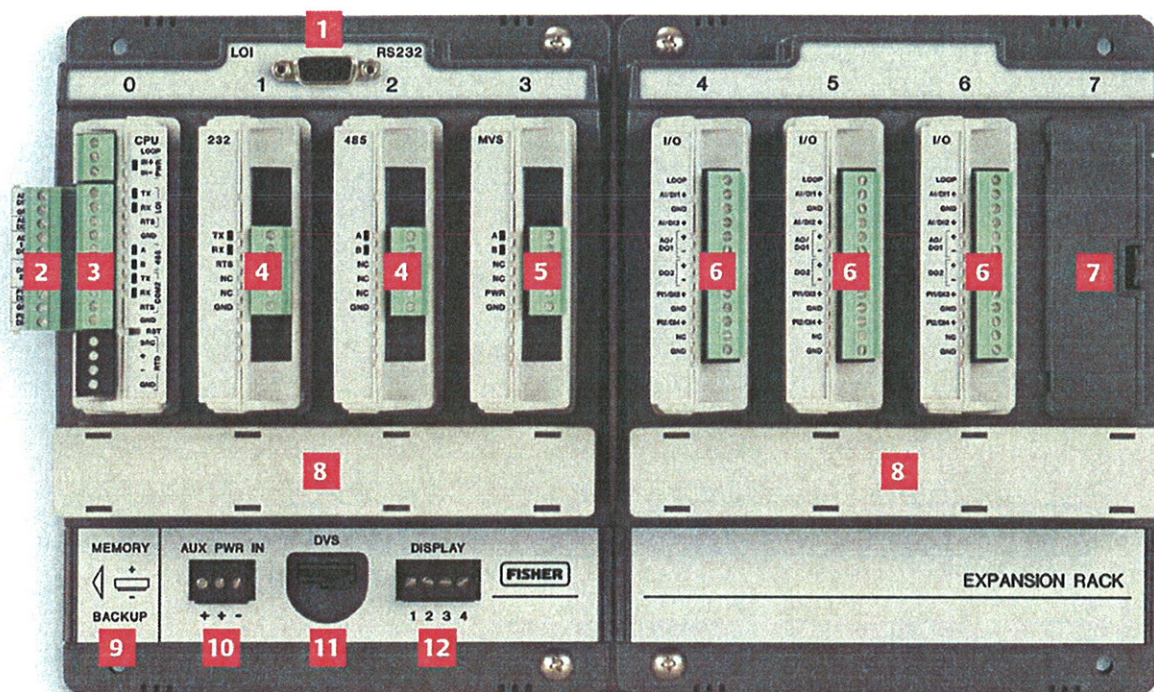
Phone (641) 754-3449 Toll Free (800) 807-0730 (US & Canada only)

FAX (641) 754-3630

Website: [www.EmersonProcess.com/flow](http://www.EmersonProcess.com/flow)







*Base unit (left) provides the backplane, module slots, ports, and electrical interconnections for the FloBoss 107. Dimensions are 204 mm H by 153 mm W by 140 mm D (8 in. H by 6 in. W by 5.5 in. D). Expansion rack (right) plugs into base unit and provides backplane and slots for additional modules. (Same dimensions as base unit).*

**1** Local operator interface port (RS-232) communicates to a laptop or similar PC device for local configuration and data retrieval.

**2** I/O card is available for the CPU module. Five of the six I/O points are configurable by type (AI/DI, AI/DI, AO/DO, DI/PI, DI/PI) and the sixth is a DO.

**3** CPU module contains the main processing unit, memory, operational firmware, RS-232 port, RS-485 port, and RTD input.

**4** Communication modules are available for a second RS-232 port or RS-485 port.

**5** MVS module supports up to six multi-variable sensor units for differential pressure flow measurement. One MVS module can be used in either slot 4 of the base unit or expansion rack.

**6** I/O modules provide six I/O points (same as I/O card). Up to six I/O modules can be plugged into the FloBoss 107. 24 Vdc loop power is provided.

**7** Module slots accommodate I/O and communication modules and are protected by removable covers when not used.

**8** Covered wiring tray neatly routes field wiring to and from modules.

**9** Battery compartment uses lithium battery to backup RAM in the CPU.

**10** Input power range for the FloBoss 107 and I/O is 8 to 30 Vdc.

**11** DVS port provides a serial data link to a dual-variable sensor (DVS) unit.

**12** Display port connects a keypad / display unit to the FloBoss 107. Supports ROC and Modbus slave protocols.

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ISO 9001:2000



Certificate No. 004372  
Certificate No. 005912

D351406X012 / Printed in USA / 5M / 12-06

**RECEIVED** November 02, 2009



## MVS205 Multi-Variable Sensor

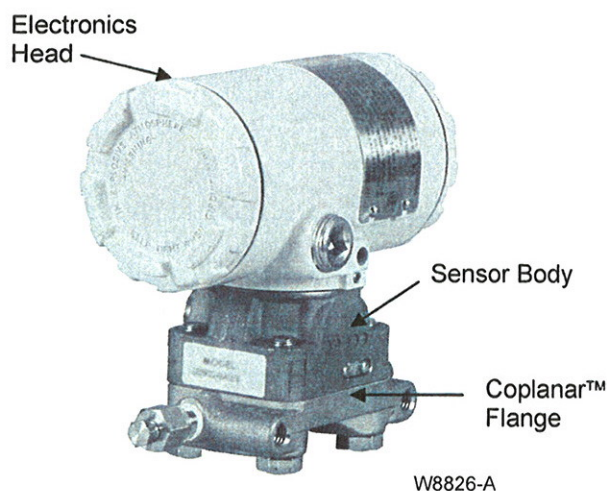
The MVS205 Multi-Variable Sensor (version 1.12 or greater) provides static pressure, differential pressure, and process temperature inputs directly to a ROC 300/800 Series Remote Operations Controller or FloBoss™ 407/500 Series Flow Manager. The inputs from an MVS sensor are used in performing differential pressure type calculations. The MVS205 typically operates as a remote unit that communicates via a serial format.

FloBoss 407 units may use a remote or integral MVS205 sensor. ROC300-Series controllers must be equipped with a Remote MVS Interface (CMA8H). FloBoss 500-Series units must be equipped with a Remote MVS Interface (CR1).

### Variables

Functionally, the MVS is a sensor device that measures three flow-related variables simultaneously: differential pressure, static pressure, and temperature. These variables are continuously available to the FloBoss or ROC unit that polls the MVS.

An external three or four-wire RTD is used to sense the process temperature. **The RTD sensor is connected directly to the interface circuit board** in the MVS sensor housing. User-supplied RTD field wiring is required for the connection.



MVS205 Multi-Variable Sensor

### Transducer and Interface Circuit

The MVS consists of a transducer and an interface circuit. The transducer, contained in the sensor body, uses capacitance-cell technology to sense differential pressure and piezoresistive technology to sense the static (absolute or gauge) pressure.

The transducer electronics convert the pressure variables directly into a digital format, allowing accurate correction and compensation. The raw temperature is converted by the interface board into digital format. A microprocessor linearizes and corrects the raw pressure signals (from the sensor) using characterization data stored in non-volatile memory.

The interface circuit allows the MVS to connect to and communicate with a ROC or FloBoss using a serial EIA-485 (RS-485) connection. In a Remote MVS, this interface circuit board is enclosed in an explosion-proof electronics head.

### Accuracy

Two versions of the MVS sensor are available: MVS205P with reference accuracy of 0.075% and MVS205E with reference accuracy of 0.10%.

### Mounting

Attached to the bottom of the sensor body is a Coplanar™ flange. This flange, which provides drain/vent valves, allows the MVS to be mounted on a pipestand, on a wall or panel, or on an integral orifice assembly or manifold valve.

### Approvals

A list of North American approvals can be found in the Specifications table on page 2. For information on the European ATEX approved version, please refer to Specification Sheet 2.5:MVSCE.

Flow Computer Division

Website: [www.EmersonProcess.com/flow](http://www.EmersonProcess.com/flow)

  
**EMERSON**  
Process Management



## Specifications

## DIFFERENTIAL PRESSURE INPUT

**Range:** 0 to 6.22 kPa (0 to 25" H<sub>2</sub>O),  
0 to 62.2 kPa (0 to 250" H<sub>2</sub>O), or  
0 to 248.8 kPa (0 to 1000" H<sub>2</sub>O).

**Reference Accuracy:**

±0.075% of URL (upper range limit) (for MVS205P)

±0.10% of URL (for MVS205E).

Includes linearity, hysteresis, and repeatability effects for spans up to 10:1 turndown.

**Stability:** ±0.1% of URL for 12 months.

**Over Pressure Limit:** 250 bar (3626 psi) Applied on either or both sides without damage to the sensor.

## STATIC PRESSURE INPUT

**Range:** Either Absolute or Gauge:

0 to 5516 kPa (0 to 800 psia/psig)

0 to 25,000 kPa (0 to 3626 psia/psig)

**Reference Accuracy:**

±0.075% of URL (for MVS205P)

±0.10% of URL (for MVS205E).

Includes linearity, hysteresis, and repeatability effects for spans up to 6:1 turndown.

**Stability:** ±0.1% of URL for 12 months.

**Over Pressure Limit:** Same as URL.

## PROCESS TEMPERATURE INPUT (MVS205 REMOTE ONLY)

**Type:** For 3 or 4-wire platinum 100-ohm RTD (conforming to IEC 751 Class B), with  $\alpha = 0.00385$ .

**Range:** -40 to 400°C (-40 to 752°F).

**Reference Accuracy:** ±0.28°C (±0.5°F), exclusive of RTD sensor error. Specification includes linearity, hysteresis, and repeatability effects.

**Excitation Current:** 1.24 mA.

## OUTPUT (MVS205 REMOTE ONLY)

EIA-485 (RS-485) asynchronous serial communication using Modbus protocol for up to 605 m (2000 ft) distance.

## POWER

**Input at 0 to 75°C:** 8 to 30 V dc, 245 mW average.

**Input at -40 to 0°C:** 8.5 to 30 V dc, 245 mW average.

Supplied by ROC, FloBoss, or Remote MVS Interface.

## WEIGHT

Including head, 3.0 kg (6.7 lb).

## ENVIRONMENTAL

**Operating Temperature:** -40 to 75°C (-40 to 167°F).

**Storage Temperature:** -50 to 100°C (-58 to 230°F).

**Operating Humidity:** 0 to 99%, non-condensing.

## DIMENSIONS

147 mm H by 163 mm W by 84 mm D (5.8 in. H by 6.4 in. W by 3.3 in. D).

## VIBRATION EFFECT

Sensor outputs shall not shift more than +0.1% of upper range limit per g from 5 to 2000 Hz in any axis when tested per IEC 770, Section 6.2.14.

## CONSTRUCTION

**Sensor Body and Coplanar Flange:** 316 SST.

**Wetted Parts:** 316 SST is standard; Hastelloy C (NACE compliant) is available. Wetted O-rings are glass-filled TFE.

**Electronics Head (MVS205 Remote):** Urethane-painted die-cast aluminum alloy, rated Type 4X.

## MOUNTING (MVS205 REMOTE ONLY)

**Pipestand:** Mounts on 50 mm (2 in.) pipe with U-bolt and optional flange bracket.

**Wall/panel:** Mounts with optional flange bracket, bolted on 71 mm (2.8 in.) centers.

## CONNECTIONS

**Conduit:** Head has two 1/2-inch NPT connections.

**Process:** 1/4-18 NPT on 2-1/8 inch centers.

## APPROVALS (MVS205 REMOTE ONLY)

**Evaluated per the Following Standards:**

CSA C22.2 No. 30.

CSA C22.2 No. 213.

UL 1203, UL 1604.

**Certified by CSA as:** MVS205R Models RSE or RSP Series.

**Product Markings for Hazardous Locations:**

Class I, Division 1, Groups C and D.

Class I, Division 2, Groups A, B, C, and D, T5

(T<sub>amb</sub>=70°C), T4 (T<sub>amb</sub>=75°C).

**Approved by Industry Canada** for use with approved flow computers. Approved as MVS205R Series Remote Sensors (Measurement Canada approval # AG-0412).

**Approved by the Alberta Boilers Safety**

**Association:** Approval # 0F0792.2

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**Emerson Process Management****Flow Computer Division**

Marshalltown, IA 50158 U.S.A.

Houston, TX 77041 U.S.A.

Pickering, North Yorkshire UK Y018 7JA

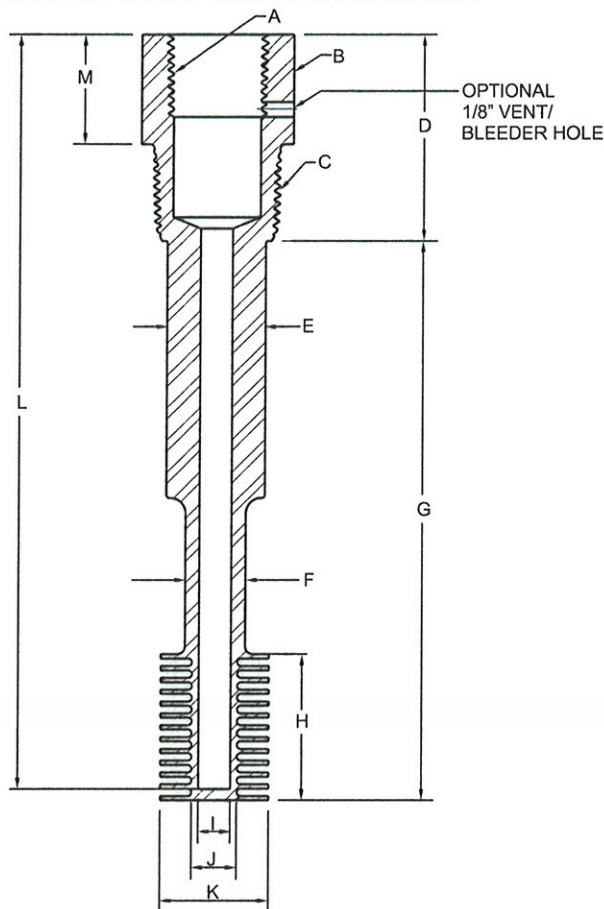
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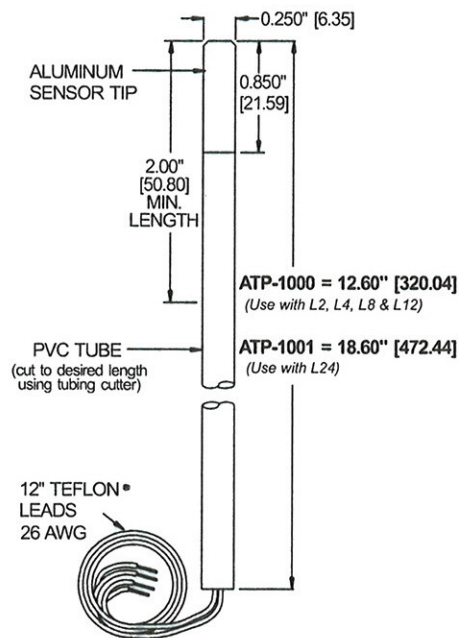


# Thermosync Specifications

## THERMOSYNC MODEL NO. DIMENSIONS



## PROBE



### ATP-1000 & ATP-1001 Probe Specifications:

**Type:** 4-Wire Platinum Wire-Wound  
RTD Element  
**Resistance:** 100 Ohms at 0°C (IEC 751)  
**Alpha Coefficient:** .00385  
**Accuracy:** ±0.05°C  
**Temp. Range:** -40°C to +60°C  
-40°F to +140°F

Calibration/Accuracy Certification Service Available.

	PROCESS CONN.												
Part Number	A	B	C	D	E	F	G	H	I	J	K	L	M
TAN-12C0-L2	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	.495"	2.22"	1.20"	.260"	.37"	.645"	3.88"	.90"
TAN-12C0-L4	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	.495"	2.96"	1.20"	.260"	.37"	.645"	4.75"	.90"
TAN-12C0-L8	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	.495"	4.59"	1.20"	.260"	.37"	.645"	6.37"	.90"
TAN-12C0-L12	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	N/A	6.66"	1.20"	.260"	.37"	.645"	8.45"	.90"
TAN-12C0-L24	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	N/A	9.89"	1.20"	.260"	.37"	.645"	11.67"	.90"
TAN-34C0-L2	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	2.22"	1.20"	.260"	.37"	.85"	3.82"	.90"
TAN-34C0-L4	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	2.96"	1.20"	.260"	.37"	.85"	4.56"	.90"
TAN-34C0-L8	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	4.59"	1.20"	.260"	.37"	.85"	6.20"	.90"
TAN-34C0-L12	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	N/A	6.66"	1.20"	.260"	.37"	.85"	8.26"	.90"
TAN-34C0-L24	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	N/A	9.89"	1.20"	.260"	.37"	.85"	11.46"	.90"
TAN-10C0-L4	1/2" NPT	1.375"	1" NPT	1.69"	0.808	.495"	2.96"	1.20"	.260"	.37"	.85"	4.75"	.90"
TAN-10C0-L8	1/2" NPT	1.375"	1" NPT	1.69"	0.808	.495"	4.59"	1.20"	.260"	.37"	.85"	6.37"	.90"
TAN-10C0-L12	1/2" NPT	1.375"	1" NPT	1.69"	0.808	N/A	6.66"	1.20"	.260"	.37"	.85"	8.45"	.90"
TAN-10C0-L24	1/2" NPT	1.375"	1" NPT	1.69"	0.808	N/A	9.89"	1.20"	.260"	.37"	.85"	11.67"	.90"

### All Thermowells:

**Material:** 316L SS  
**Press/Temp:** 4900 PSI Max @ 330° F  
**Flow:** 100 FPS (L2, L4, L8, L12) or 50 FPS (L24) max in 1000 PSI Natural Gas  
**Optional Vent/Bleeder Hole Available**  
**Additional Plug & Chain Assembly Available**

**NOTE:** Use a thermal coupling paste or fluid to couple the probe to the well ONLY in the lower .5 inches of the well. DO NOT fill the well with thermal coupling fluid. Spring load the probe to contact the bottom of the well.

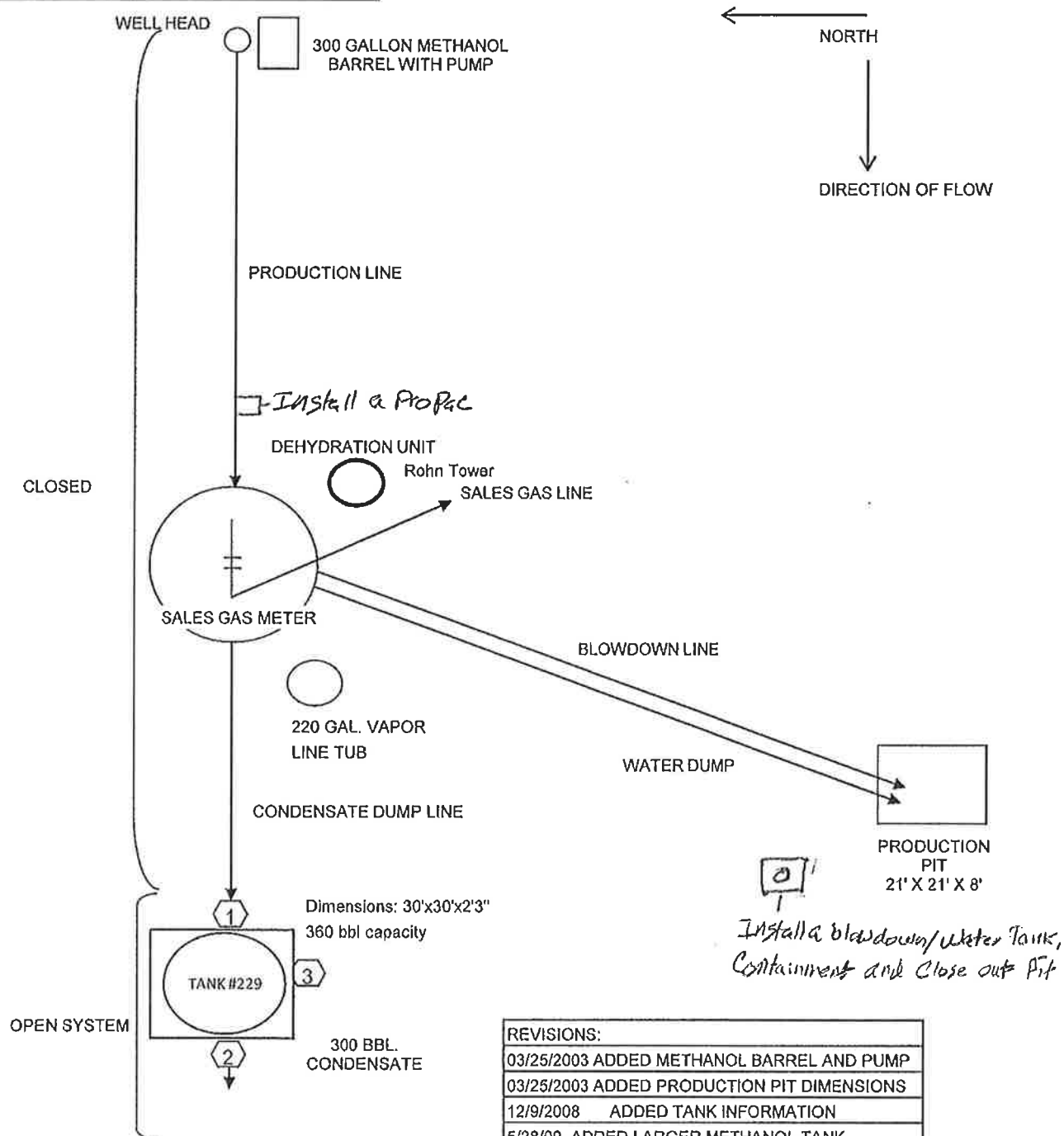
U.S. PATENTED - FOREIGN PATENTS PENDING

TDOC-4 REV.11 1-21-03

RECEIVED November 02, 2009

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>			
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		<b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL0450541B			
<b>1. TYPE OF WELL</b> Gas Well		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>			
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY		<b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN			
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902		<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 9			
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1650 FSL 1650 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: NESW Section: 15 Township: 03.0N Range: 24.0E Meridian: S		<b>9. API NUMBER:</b> 43009156330000			
<b>PHONE NUMBER:</b> 307 922-5612 Ext		<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN			
<b>COUNTY:</b> DAGGETT		<b>STATE:</b> UTAH			
<b>11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA</b>					
<b>TYPE OF SUBMISSION</b>	<b>TYPE OF ACTION</b>				
<input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b> Approximate date work will start: 8/10/2011  <input type="checkbox"/> <b>SUBSEQUENT REPORT</b> Date of Work Completion:  <input type="checkbox"/> <b>SPUD REPORT</b> Date of Spud:  <input type="checkbox"/> <b>DRILLING REPORT</b> Report Date:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE  <input type="checkbox"/> CHANGE TO PREVIOUS PLANS  <input type="checkbox"/> CHANGE WELL STATUS  <input type="checkbox"/> DEEPEN  <input type="checkbox"/> OPERATOR CHANGE  <input type="checkbox"/> PRODUCTION START OR RESUME  <input type="checkbox"/> REPERFORATE CURRENT FORMATION  <input type="checkbox"/> TUBING REPAIR  <input type="checkbox"/> WATER SHUTOFF  <input type="checkbox"/> WILDCAT WELL DETERMINATION         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING  <input type="checkbox"/> CHANGE TUBING  <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS  <input type="checkbox"/> FRACTURE TREAT  <input type="checkbox"/> PLUG AND ABANDON  <input type="checkbox"/> RECLAMATION OF WELL SITE  <input type="checkbox"/> SIDETRACK TO REPAIR WELL  <input type="checkbox"/> VENT OR FLARE  <input type="checkbox"/> SI TA STATUS EXTENSION  <input checked="" type="checkbox"/> OTHER         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR  <input type="checkbox"/> CHANGE WELL NAME  <input type="checkbox"/> CONVERT WELL TYPE  <input type="checkbox"/> NEW CONSTRUCTION  <input type="checkbox"/> PLUG BACK  <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION  <input type="checkbox"/> TEMPORARY ABANDON  <input type="checkbox"/> WATER DISPOSAL  <input type="checkbox"/> APD EXTENSION            OTHER: <input style="width: 50px;" type="text" value="Tank"/> </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 50px;" type="text" value="Tank"/>
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<b>12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.</b> Wexpro Company requests approval to install a new 200 bbl blow tank at the above mentioned well location. Also, Wexpro Company requests approval to close the existing production pit once soil samples are at an acceptable level. Please see the attached diagram for additional details.					
<b>Accepted by the          Utah Division of          Oil, Gas and Mining          FOR RECORD ONLY</b>					
<b>NAME (PLEASE PRINT)</b> Paul Jibson		<b>PHONE NUMBER</b> 307 352-7561			
<b>SIGNATURE</b> N/A		<b>TITLE</b> Permit Agent			
<b>DATE</b> 8/1/2011					

<b>WEXPRO COMPANY</b> <b>P.O. BOX 458</b> <b>ROCK SPRINGS, WY 82902</b>	<b>NOTE: THIS LEASE FALLS UNDER THE SITE &amp; SECURITY PLAN ESTABLISHED BY WEXPRO COMPANY. THE PLAN CAN BE REVIEWED AT THE WEXPRO OFFICE IN ROCK SPRINGS WYOMING WEEKDAYS BETWEEN 7:00 AM AND 5:00 PM</b>	<b>VALVE LEGEND</b> <b>TANK # 229</b> VALVE # 1 -- OPEN DURING PRODUCTION, SEALED CLOSED DURING SALES VALVE # 2 -- OPEN DURING SALES, SEALED CLOSED DURING PRODUCTION VALVE # 3 -- OPEN ONLY TO DRAIN WATER, SEALED CLOSED DURING PRODUCTION
<b>CLAY BASIN UNIT WELL 9</b> <b>NESW 15-3N-24E</b> <b>LEASE NO. SL-045051-b</b> <b>UNIT NO. 892000323B</b> <b>DAGGETT COUNTY, UTAH</b>		



REVISIONS:
03/25/2003 ADDED METHANOL BARREL AND PUMP
03/25/2003 ADDED PRODUCTION PIT DIMENSIONS
12/9/2008 ADDED TANK INFORMATION
5/28/09 ADDED LARGER METHANOL TANK
12/4/2009 ADDED 220 GAL VAPOR LINE TUB
1/12/2010 ADDED ROHN TOWER

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>
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<b>COUNTY:</b> DAGGETT		<b>STATE:</b> UTAH

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/12/2012	<input type="checkbox"/> ALTER CASING
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS
	<input type="checkbox"/> CHANGE WELL STATUS
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS
	<input type="checkbox"/> DEEPEN
	<input type="checkbox"/> FRACTURE TREAT
	<input type="checkbox"/> OPERATOR CHANGE
	<input type="checkbox"/> PLUG AND ABANDON
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME
	<input type="checkbox"/> RECLAMATION OF WELL SITE
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> WATER SHUTOFF
	<input type="checkbox"/> SI TA STATUS EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION
	<input type="checkbox"/> OTHER

OTHER: 

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well Resumed Production on October 12, 2012 at 11:00 AM,  
 after being off for more than 90 days.

**Accepted by the**  
**Utah Division of**  
**Oil, Gas and Mining**  
**FOR RECORD ONLY**  
 November 09, 2012

<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Permit Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 10/18/2012	



<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>			
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<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1650 FSL 1650 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: NESW Section: 15 Township: 03.0N Range: 24.0E Meridian: S		<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN  <b>COUNTY:</b> DAGGETT  <b>STATE:</b> UTAH			
<b>11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA</b>					
<b>TYPE OF SUBMISSION</b>  <input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b> Approximate date work will start: 3/15/2013  <input type="checkbox"/> <b>SUBSEQUENT REPORT</b> Date of Work Completion:  <input type="checkbox"/> <b>SPUD REPORT</b> Date of Spud:  <input type="checkbox"/> <b>DRILLING REPORT</b> Report Date:	<b>TYPE OF ACTION</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE  <input type="checkbox"/> CHANGE TO PREVIOUS PLANS  <input type="checkbox"/> CHANGE WELL STATUS  <input type="checkbox"/> DEEPEN  <input type="checkbox"/> OPERATOR CHANGE  <input type="checkbox"/> PRODUCTION START OR RESUME  <input type="checkbox"/> REPERFORATE CURRENT FORMATION  <input type="checkbox"/> TUBING REPAIR  <input type="checkbox"/> WATER SHUTOFF  <input type="checkbox"/> WILDCAT WELL DETERMINATION         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING  <input type="checkbox"/> CHANGE TUBING  <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS  <input type="checkbox"/> FRACTURE TREAT  <input type="checkbox"/> PLUG AND ABANDON  <input type="checkbox"/> RECLAMATION OF WELL SITE  <input type="checkbox"/> SIDETRACK TO REPAIR WELL  <input type="checkbox"/> VENT OR FLARE  <input type="checkbox"/> SI TA STATUS EXTENSION  <input checked="" type="checkbox"/> OTHER         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR  <input type="checkbox"/> CHANGE WELL NAME  <input type="checkbox"/> CONVERT WELL TYPE  <input type="checkbox"/> NEW CONSTRUCTION  <input type="checkbox"/> PLUG BACK  <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION  <input type="checkbox"/> TEMPORARY ABANDON  <input type="checkbox"/> WATER DISPOSAL  <input type="checkbox"/> APD EXTENSION          OTHER: <span style="border: 1px solid black; padding: 2px;">Production Equipment</span> </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <span style="border: 1px solid black; padding: 2px;">Production Equipment</span>
<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <span style="border: 1px solid black; padding: 2px;">Production Equipment</span>			
<b>12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>Wexpro Company, requests approval to upgrade the existing production equipment on the above mentioned well location. The dehy will be removed. Also, a new meter run and meter building will be installed. All new equipment will be installed on existing disturbance and there will be no new additional surface disturbance. The new equipment will be painted the approved BLM color to match the existing production equipment on location. Upon completion of the new production equipment installation an updated Site Facility Diagram will be submitted to the Vernal BLM Field Office.</p> </div> <div style="width: 30%; text-align: right;"> <p><b>Accepted by the</b>  <b>Utah Division of</b>  <b>Oil, Gas and Mining</b></p> <p><b>Date:</b> February 25, 2013</p> <p><b>By:</b> <u><i>Derek Quist</i></u></p> </div> </div>					
<b>NAME (PLEASE PRINT)</b> Paul Jibson		<b>PHONE NUMBER</b> 307 352-7561			
<b>SIGNATURE</b> N/A		<b>TITLE</b> Permit Agent  <b>DATE</b> 2/20/2013			

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: SL0450541B
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
1. TYPE OF WELL Gas Well		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
2. NAME OF OPERATOR: WEXPRO COMPANY		8. WELL NAME and NUMBER: CLAY BASIN UNIT 9
3. ADDRESS OF OPERATOR: P.O. Box 458, Rock Springs, WY, 82902		9. API NUMBER: 43009156330000
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1650 FSL 1650 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NESW Section: 15 Township: 03.0N Range: 24.0E Meridian: S		9. FIELD and POOL or WILDCAT: CLAY BASIN
		COUNTY: DAGGETT
		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE  <input type="checkbox"/> CHANGE TO PREVIOUS PLANS  <input type="checkbox"/> CHANGE WELL STATUS  <input type="checkbox"/> DEEPEN  <input type="checkbox"/> OPERATOR CHANGE  <input checked="" type="checkbox"/> PRODUCTION START OR RESUME  <input type="checkbox"/> REPERFORATE CURRENT FORMATION  <input type="checkbox"/> TUBING REPAIR  <input type="checkbox"/> WATER SHUTOFF  <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING  <input type="checkbox"/> CHANGE TUBING  <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS  <input type="checkbox"/> FRACTURE TREAT  <input type="checkbox"/> PLUG AND ABANDON  <input type="checkbox"/> RECLAMATION OF WELL SITE  <input type="checkbox"/> SIDETRACK TO REPAIR WELL  <input type="checkbox"/> VENT OR FLARE  <input type="checkbox"/> SI TA STATUS EXTENSION  <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR  <input type="checkbox"/> CHANGE WELL NAME  <input type="checkbox"/> CONVERT WELL TYPE  <input type="checkbox"/> NEW CONSTRUCTION  <input type="checkbox"/> PLUG BACK  <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION  <input type="checkbox"/> TEMPORARY ABANDON  <input type="checkbox"/> WATER DISPOSAL  <input type="checkbox"/> APD EXTENSION  OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 12/23/2013			
<input type="checkbox"/> SPUD REPORT Date of Spud:			
<input type="checkbox"/> DRILLING REPORT Report Date:			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well Resumed Production on December 23, 2013, after being off for more than 90 days.

**Accepted by the**  
**Utah Division of**  
**Oil, Gas and Mining**  
**FOR RECORD ONLY**  
 December 30, 2013

NAME (PLEASE PRINT) Paul Jibson	PHONE NUMBER 307 352-7561	TITLE Permit Agent
SIGNATURE N/A		DATE 12/26/2013



<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		<b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL0450541B
<b>1. TYPE OF WELL</b> Gas Well		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY		<b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902		<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 9
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1650 FSL 1650 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: NESW Section: 15 Township: 03.0N Range: 24.0E Meridian: S		<b>9. API NUMBER:</b> 43009156330000
<b>PHONE NUMBER:</b> 307 922-5612 Ext		<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN
<b>COUNTY:</b> DAGGETT		<b>STATE:</b> UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE  <input type="checkbox"/> CHANGE TO PREVIOUS PLANS  <input type="checkbox"/> CHANGE WELL STATUS  <input type="checkbox"/> DEEPEN  <input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> ALTER CASING  <input type="checkbox"/> CHANGE TUBING  <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS  <input type="checkbox"/> FRACTURE TREAT  <input type="checkbox"/> PLUG AND ABANDON  <input type="checkbox"/> RECLAMATION OF WELL SITE  <input type="checkbox"/> SIDETRACK TO REPAIR WELL  <input type="checkbox"/> VENT OR FLARE  <input type="checkbox"/> SI TA STATUS EXTENSION  <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR  <input type="checkbox"/> CHANGE WELL NAME  <input type="checkbox"/> CONVERT WELL TYPE  <input type="checkbox"/> NEW CONSTRUCTION  <input type="checkbox"/> PLUG BACK  <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION  <input type="checkbox"/> TEMPORARY ABANDON  <input type="checkbox"/> WATER DISPOSAL  <input type="checkbox"/> APD EXTENSION	<input type="checkbox"/> WILDCAT WELL DETERMINATION
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/25/2014	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	OTHER: <input style="width: 100px;" type="text"/>		
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> REPERFORATE CURRENT FORMATION  <input type="checkbox"/> TUBING REPAIR  <input type="checkbox"/> WATER SHUTOFF			
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.  

The above well resumed production on October 25, 2014; after being off more than 90 days.

**Accepted by the**  
**Utah Division of**  
**Oil, Gas and Mining**  
**FOR RECORD ONLY**  
 October 28, 2014

<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Permit Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 10/28/2014	

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: SL0450541B
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
		8. WELL NAME and NUMBER: CLAY BASIN UNIT 9
1. TYPE OF WELL Gas Well		9. API NUMBER: 43009156330000
2. NAME OF OPERATOR: WEXPRO COMPANY		9. FIELD and POOL or WILDCAT: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458, Rock Springs, WY, 82902		9. COUNTY: DAGGETT
3. PHONE NUMBER: 307 922-5612 Ext		STATE: UTAH
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1650 FSL 1650 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NESW Section: 15 Township: 03.0N Range: 24.0E Meridian: S		

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE  <input type="checkbox"/> CHANGE TO PREVIOUS PLANS  <input type="checkbox"/> CHANGE WELL STATUS  <input type="checkbox"/> DEEPEN  <input type="checkbox"/> OPERATOR CHANGE  <input checked="" type="checkbox"/> PRODUCTION START OR RESUME  <input type="checkbox"/> REPERFORATE CURRENT FORMATION  <input type="checkbox"/> TUBING REPAIR  <input type="checkbox"/> WATER SHUTOFF  <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING  <input type="checkbox"/> CHANGE TUBING  <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS  <input type="checkbox"/> FRACTURE TREAT  <input type="checkbox"/> PLUG AND ABANDON  <input type="checkbox"/> RECLAMATION OF WELL SITE  <input type="checkbox"/> SIDETRACK TO REPAIR WELL  <input type="checkbox"/> VENT OR FLARE  <input type="checkbox"/> SI TA STATUS EXTENSION  <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR  <input type="checkbox"/> CHANGE WELL NAME  <input type="checkbox"/> CONVERT WELL TYPE  <input type="checkbox"/> NEW CONSTRUCTION  <input type="checkbox"/> PLUG BACK  <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION  <input type="checkbox"/> TEMPORARY ABANDON  <input type="checkbox"/> WATER DISPOSAL  <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/30/2015				
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well resumed production on October 30, 2015; after being off more than 90 days.

**Accepted by the**  
**Utah Division of**  
**Oil, Gas and Mining**  
**FOR RECORD ONLY**  
 November 06, 2015

NAME (PLEASE PRINT) Tammy Fredrickson	PHONE NUMBER 307 352-7514	TITLE Senior Permit Agent
SIGNATURE N/A		DATE 11/5/2015